

# Work Order ID 88363

\*88363\*

Page 1

August-02-12 7:52:34 AM

Item ID: D3875-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Floor Protector  
 Start Date: 7/05/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 8/17/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: *[Signature]* Date: *12-08-09* Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3875	Rev A								
100		0.00							<i>DAS</i> <i>07</i> <i>8-89</i>
*100*						<i>x1</i>			
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Cut Sheet to required Blank size								<i>12/08/24</i>
105		0.00							<i>DAS</i> <i>07</i> <i>8-89</i>
*105*	Dry Material					<i>x1</i>			
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE Temp: <i>240°F</i>								<i>12/08/24</i>
	Time IN: <i>7:00 pm</i> <i>12/08/23</i>								
	Time OUT: <i>2:00 am</i> <i>12/08/24</i>								

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

August-02-12 7:52:34 AM

**Item ID:** D3875-1

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Revision ID:

Stop **\*NS2\***

**Item Name:** Floor Protector

**Start Date:** 7/05/12      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date: 8/17/12      Req'd Qty: 1.00      \* 1 \***

**Customer:**

**Reference:**

Run Start \*NR1\*

**Approvals:** \_\_\_\_\_ **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

**\*110\***

0.00

Thermoform

### Thermoforming Machine

## Memo

### 1-Machine Set-Up

2-Pre-heat Tool to required temp.

3-Thermoform as per Dwg and Folio #FTA0xx using tool DT9435

Dwg Rev: A

Folio Rev: 3

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

0.00

QC

## Quality Control

## Memo

Visually inspect part for proper formation and texture

130

QC8- Inspect parts - second check

0.00

**\*130\***

0.00

QC

### Quality Control

## Memo

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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**\*88.36.3\***

August-02-12 7:52:34 AM

**\*N900040100\***

Setup Start \*NS1\*

Stop **\*NS2\***

**Start Date:** 7/05/12      **Start Qty:** 1.00      **\*1\***

**Required Date: 8/17/12      Req'd Qty: 1.00      \* 1 \***

**Reference:**

Run Start \*NR1\*

**Approvals:** \_\_\_\_\_ **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

140

0.00

**\*140\***

0.00

HandThermo

## Memo

### Hand Finishing Thermoforming

1-Trim to finished dimensions as per Dwg

150

0.00

**\*150\***

0.00

QC

## Memo

## Quality Control

Complete FAI document

160

0.00

**\*160\***

0.00

QC

## Memo

## Quality Control

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Work Order ID 88363****\*88363\***

Page 4

August-02-12 7:52:34 AM

Item ID: D3875-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Floor Protector  
Start Date: 7/05/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/12 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	Identify as per dwg & Stock Location: _____	0.00							
<b>*170*</b>									
Packaging	Memo	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

MLJ 12/08/30  
MF  
12-08-30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other



# Picklist Print

August-02-12 7:52:34 AM

Page 1

Work Order ID: 88363

Parent Item: D3875-1

Parent Item Name: Floor Protector

Start Date: 7/05/12

Required Date: 8/17/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A 09.02.06 New Issue DL  
Material 10/04/21 DL

IPP Rev.B Add Step 105 Dry

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08 Lexan Sheet		Purchased	No			100	sf	946.0889	9.84	9.84			

Location

therm

113127

Loc Qty

946.0889406

946.088941

Loc Code

9.84 sg 14.

DAS  
07  
8-83

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	88343
<b>Description:</b> Floor Protector		<b>Part Number:</b>	D3875-1
<b>Inspection Dwg:</b> D3875	<b>Rev:</b> A	<b>Page 1 of 1</b>	

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

#### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>1/4"</u>	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by:

*DL*

Date:

12/08/24

#### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.080"	✓		CAL TH-DT	
0.080	Min	0.085"	✓		CAL TH-DT	
45.2	+/-0.100	45.25"	✓		TAPE DL-OI	
21.8	+/-0.100	21.8"	✓		TAPE DL-OI	
1.4	+/-0.100	1.41"	✓		TAPE DL-OI	

Measured by:

*DL*  
07  
8-83

Date:

12/08/27

Audited by:

*DL*  
16  
8-83

Date:

Prototype Approval:

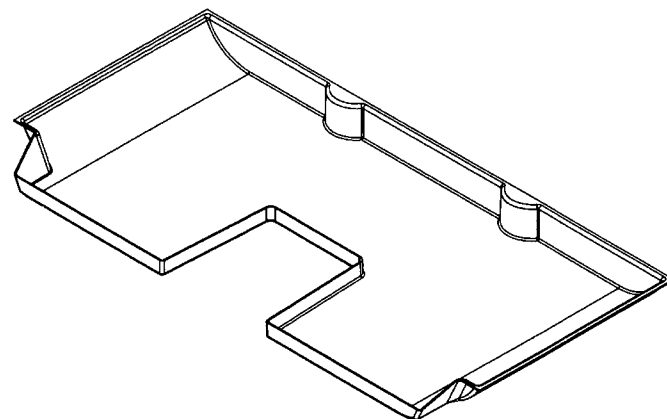
N/A

Date:

N/A

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	<i>DL</i>





88363  
012-08-9

**D3875-1 FLOOR PROTECTOR (206B)**

**RELEASED**  
29/05/05 MB

**NOTES:**

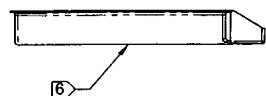
- 1) MATERIAL: LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3875-1" USING VIBRATING STYLUS
- 7) WEIGHT: 4.0 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9475 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.050" EXCEPT AS SHOWN

A	NEW ISSUE	PH	09.01.29
REV.	DESCRIPTION	BY	DATE
DESIGN	AK		
DRAWN	AK		
CHECKED	AK		
MFG. APPR.	AK		
APPROVED	AK		
DE APPR.	AK		
DATE	09.01.29		

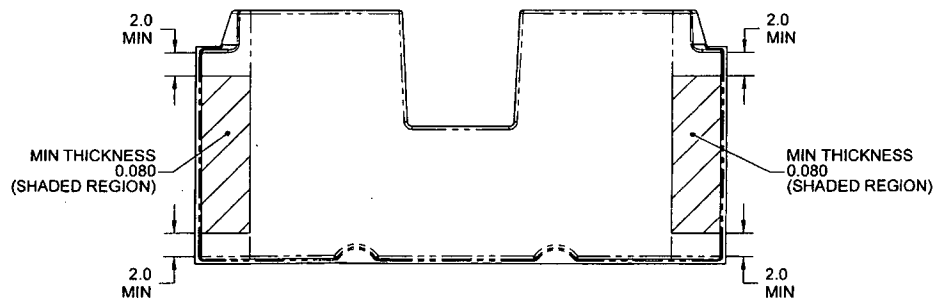
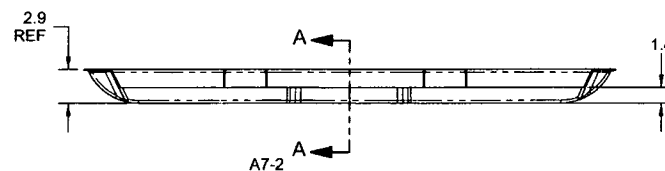
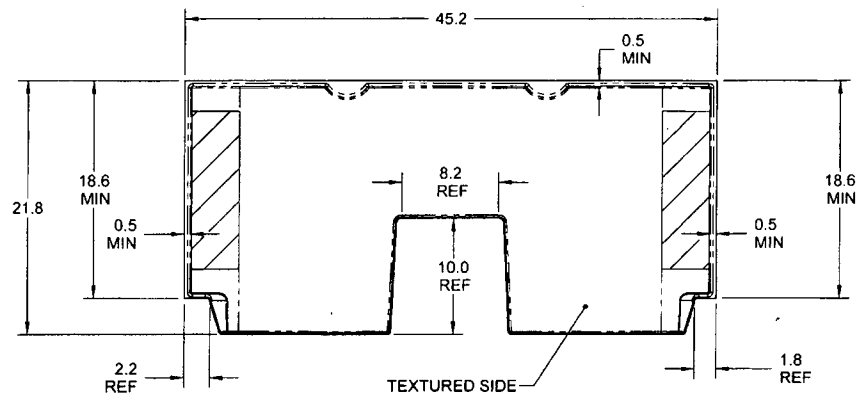
  

<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		REV. A
DRAWING NO.	D3875	SHEET 1 OF 2
TITLE	FLOOR PROTECTOR (206B)	SCALE NTS
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**SECTION A-A** B4-2



**D3875-1 FLOOR PROTECTOR (206B)**

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DESIGN	Ref	<b>DART AEROSPACE LTD</b>	
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APPROVED	Ref	TITLE	SCALE
DE APPR.	Ref	<b>FLOOR PROTECTOR (206B)</b>	
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